



2010 Express Scripts

National Preferred Formulary

Without Nonsedating Antihistamines

A

BALIFY (excluding Discmelt & solution)
acarbose
ACCU-CHEK MULTICLIX lancets
acetaminophen w/ codeine
acetazolamide
ACTONEL, with calcium
ACTOPLUS MET, XR
ACTOS acyclovir
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOX
albuterol
alendronate sodium
ALPHAGAN P*
ALTABAX amantadine
AMBIEN CR* aminophylline
AMITIZA amitriptyline
amiodipine besylate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANAPRAM E, -HC
ANDRODERM
ANDROGEL antipyrine w/benzocaine
apraclonidine
api
aranelle
ARANESP [INJ]
ARICEPT, ODT
ARIMIDEX*
ARIXTRA [INJ]
ASACOL, HD
ASTELIN*
ASTEPRO atenolol, -chlorthalidone
atropine sulfate
AUGMENTIN XR
AVANDAMET
AVANDARYL
AVANDIA
AVELOX aviane
AVODART AXID solution only
AZASITE azathioprine
azelastine
AZILECT azithromycin
AZOR

B

balsalazide disodium
balziva
BAYER ASCENSA AUTODISC
BAYER BREEZE 2
BAYER CONTOUR (excluding USB meter)
benazepril, /hctz
BENICAR, HCT

BENZACLIN
(excluding carekit)*

benzonate
benzoyl peroxide
betamethasone dp,
valerate
BETASERON [INJ]
bisoprolol fumarate/hctz
BONIVA TAB
brimonidine tartrate
buproprion, sr
butalbital/apap/caffeine
BYETTA [INJ]

C

calcipotriene
calcitriol
camila
CANASA
captopril, /hctz
carbamazepine, xr
carbopoda-levodopa, er
CARDIZEM LA*
carisoprodol
carvedilol
cefaclor, er
cefadroxil
cefdinir
cefpodoxime
cefprozil
cefuroxime
CELEBREX
CELLCEPT oral susp*
cephalexin
cesia
CETROTIDE [INJ]
chlorzoxazone
cholestyramine
choline mag trisalicylate
chorionic gonadotropin [INJ]
CIALIS
ciclopirox
cilostazol
cimetidine
CIPRODEX ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clidinium-chlordiazepoxide
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clotrimazole troche
clozapine
colestipol
COMBIGAN
COMBIPATCH
CONCERTA*
COPAXONE [INJ]
COREG CR*
CREON
CRESTOR
CRINONE
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALT

D

desmopressin acetate
desonide

desoximetasone
dexmethylphenidate
dextroamphetamine- amphetamine
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl

DIFFERIN*
diflunisal
diltiazem, extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
divalproex sodium
dorzolamide, -timolol
doxazosin
doxepin hcl
DUAC CS
DUETACT
DYNACIRC CR*

E

econazole
EFFEXOR XR*
EFFIENT
ELIDEL
eliphos
ENABLEX
enalapril, hctz
ENBREL [INJ]
ENDOMETRIN
enpresse
enulose
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/benzoyl perox.
ESTRADERM
estradiol, tds
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EURAX
EVAMIST
EXELON
EXFORGE, HCT

F

famciclovir
famotidine
felodipine er
fenofibrate
fentanyl citrate
FINACEA, PLUS
finasteride
FLECTOR
FLOVENT DISKUS, HFA
fluconazole
flunisolide nasal spray
flucononide
fluorouracil
fluoxetine, dr
fluphenazine
flurazepam
fluticasone nasal spray
fluvoxamine maleate
folic acid
FORADIL

FORTAMET
FORTEO [INJ]
fortical

fosinopril, /hctz
FOSRENOL

G gabapentin
gemfibrozil
GENOTROPIN [INJ]
difenoxin
gentamicin sulfate
glimepiride
glipizide, er, xl
glipizide/metformin
GLUCAGEN [INJ]
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
granisetron

H

HALFLYTELY-BISACODYL
haloperidol
HECTOROL
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocortisone
hydromorphone
hydroxyurea
hyoscamine sulfate

I

ibuprofen
imipramine
imiquimod
indomethacin
ipratropium bromide
ipratropium-albuterol
isosorbide mononitrate
isotretinoin
itraconazole

J

JANUMET
JANUVIA
jolessa
jolivette
junel, fe

K kariva
kelnor
KEPPRA XR
ketoconazole
ketorolac

L

labetalol hcl
lactulose
LAMICTAL ODT
LAMICTAL XR
lamotrigine
lansoprazole
LANTUS, SOLOSTAR [INJ]
leena
leflunomide

lessina
LETAIRIS
leucovorin
leuprolide acetate [INJ]
LEVAQUIN

LEVEMIR, FLEXPEN [INJ]
levetiracetam
levora
levothyroxine sodium
levoxyl
LEXAPRO
LIALDA
LIDODERM
LIPITOR
lisinopril, /hctz
losartan, /hctz
LOTEMAX
LOTREL*
lovastatin
LOVAZA
LOVENOX* [INJ]
low-oestrel
LUMIGAN
lutea
LYRICA

M

MAXALT, MLT
meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
mercaptopurine
MERIDIA
METANX
metaproterenol
metaxalone
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL
metronidazole
microgestin, fe
MIGRAL nasal spray
mirtazapine, soltab
moexipril/hctz
mometasone
monessa
morphine sulfate
MOVIPREP
MULTAQ
MUSE
mycophenolate mofetil

N

nabumetone
nadolol
NAMENDA
naproxen
naratriptan
NASACORT AQ
NASONEX
nateglinide
necon
NEEOVO

neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEVANAC
NEXIUM
NIASPAN
nifedipine er
nisoldipine
nitrofurantoin macrocrystal
nitroglycerin
NITROLINGUAL SPRAY
nizatidine
nora-be
nortrel
NOVFINE
NOVOLIN [INJ]
NOVOLOG [INJ]
NUCYNTA
NUTROPIN, AQ [INJ]
nystatin

O

ocella
ofloxacin
ogestrel
omeprazole
ondansetron
ONETOUCH BASIC
ONETOUCH FASTTAK
ONETOUCH SURESTEP
ONETOUCH ULTRA, -2,
-SMART
ONETOUCH ULTRAMINI
ONGLYZA
OPANA ER
orphenadrine citrate
ORTHO TRI-CYCLEN LO
OSMOPREP
oxcarbazepine
oxybutynin, er
oxycodone
w/acetaminophen
OXYCONTIN
OXYTROL

P

paroxetine
PATADAY
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON, REDIPEN [INJ]
penicillin v potassium
PERFOROMIST
perphenazine
phentermine hcl
phenytion sodium,
extended
pilocarpine hcl
pindolol
PLAVIX
polymyxin b sul/
trimethoprim
portia
PRAMOSONE, E
PRANDIMET
PRANDIN*
pravastatin
PRECISION SURE DOSE
PRECISION XTRA
prednisolone
prednisolone acetate

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our web site at www.express-scripts.com.

(continued)

prednisone
PREMARIN
PREMPHASE
PREMPRO
PRENATE DHA, ELITE
 previfem
PRISTIQ
PROAIR HFA
PROCHIEVE
 prochlorperazine
PROCRIT [INJ]
 promethazine
 promethazine w/codeine
 promethazine w/dm
PROMETRIUM
 propranolol hcl, w/hctz
PROTOPIC*
 pseudoephedrine
 w/chlorpheniramine
PULMICORT FLEXHALER
PYLERA

Q

quasense
 quinapril
 quinaretic
QVAR

R

ramipril
RANEXA
 ranitidine
REBIF [INJ]
 recilipsen
RELENZA
RENAGEL
RENVELA
 reprexain
REQUIP XL
RESTASIS
REVATIO
 ribaspHERE
 ribavirin
RIMET
 risperidone, odt
 ropinirole
RYTHMOL SR

S

salsalate
SANCUSO
SAVELLA
 selenium sulfide
SERVENT DISKUS
SEROQUEL, XR
 sertraline
SIMCOR
 simvastatin
SINGULAIR
 sodium sulfacetamide/
 sulfur
SOFT TOUCH lancets
SOFTCLIX lancets
 solia
SOMATULINE DEPOT [INJ]
SPIRIVA
 sprinctec
 sronyx
STRATTERA
STRIANT
SUBOXONE
SULAR
 sulfacetamide sodium
 sulfasalazine
 sumatriptan tab, inj
SYMBICORT
SYMBYAX
SYMLIN, SYMLINPEN [INJ]

T

TAMIFLU
 tamoxifen
 tamsulosin
TAZORAC
TEKURNA, HCT

temazepam
 terbinafine hcl
 terbutaline sulfate
 theophylline, anhydrous, er
 thioridazine hcl
 thyroid
 tilia fe
 timolol maleate
 tobramycin sulfate
 topiramate
TRACLEER
 trandolapril
 trandolapril/verapamil
 trazodone hcl
 tretinoin
TREXIMET
 triamcinolone acetonide
 triazolam
 tri-legest fe
TRILIPIX
 trimethobenzamide
 trimethoprim
 triressa
 tri-previfem
 tri-sprintec
 trivora
TUSSICAPS
TUSSIONEX
TWINJECT [INJ]

U

ULORIC
ULTRASE, -MT
UROXATRAL
 ursodiol

V

VAGIFEM
 valacyclovir
VALTURNA
VECTICAL
 velvet
 venlafaxine
 (immediate release)
VENTOLIN HFA
VERAMYST
 verapamil hcl
 veripred
VESICARE
VIAGRA
VIGAMOX
VIMPAT
VIVELLE-DOT
VOLTAREN GEL
VVANSE

W

warfarin
WELCHOL

X

XALATAN
 XOPENEX neb solution

Y

YAZ

Z

zaleplon
 zamicet
 zenchent
ZETIA
 zolpidem tartrate
ZOMIG, ZMT
 zonisamide
 zovia
ZYCLARA
ZYLET
ZYMAR*
ZYMAXID
 ZYPREXA (excluding Zydis)

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singular	FREESTYLE	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
ACCU-CHEK meters/strips	Bayer Breeze 2/Contour (excluding USB meter), OneTouch	FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
ACIPHEX	Iansoprazole, omeprazole, Nexium	GELNIQUE	oxybutynin er, Oxytrol
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ADDERALL XR	dextroamphetamine-amphetamine	HYALGAN	Euflexxa
AEROBID, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITREX Nasal	Zomig Nasal
ALAMAST	azelastine, Pataday, Patanol	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)
ALOCRI	azelastine, Pataday, Patanol	IQUIX	ciprofloxacin, Vigamox, Zymar*
ALOMIDE	azelastine, Pataday, Patanol	KADIAN	morphine sulfate er
ALORA	Generic patches, Estraderm, Vivelle-Dot	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor, Lipitor
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor, Lipitor	LEVITRA	Cialis, Viagra
ALVESCO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LIPOPEN	fenoferate, Trilipix
ANGELIQ	Prempro/Premphase	LUNESTA	zolpidem tartrate, Ambien CR*
ANTARA	fenofibrate, Trilipix	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APIDRA	Humalog, Novolog	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
APRISO	balsalazide, Asacol/HD, Lialda	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
ASMANEX	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	MICARDIS	Benicar, Diovan
ATACAND	Benicar, Diovan	MICARDIS HCT	Benicar HCT, Diovan HCT
ATACAND HCT	Benicar HCT, Diovan HCT	NORDITROPIN	Genotropin, Humatrop, Nutropin/AQ
ATRALIN	tretinoin, Differin*	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
AVALIDE	Benicar HCT, Diovan HCT	NUVARING	Ortho Tri-Cyclen Lo, Yaz
AVAPRO	Benicar, Diovan	OMNARIS	flunisolide, fluticasone, Nasacort AQ, NasoneX, Veramyst
AVINZA	morphine sulfate er	OMNITROPE	Genotropin, Humatrop, Nutropin/AQ
AVITA	tretinoin, Differin*	OPTIVAR	azelastine
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	ORTHO EVRA	Ortho Tri-Cyclen Lo, Yaz
AZMACORT	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	ORTHOVISC	Euflexxa
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	PATANASE	Astelin*, Astepro
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ, NasoneX, Veramyst	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
BEPREVE	azelastine, Pataday, Patanol	PREFEST	Prempro/Premphase
BESIVANCE	ciprofloxacin, Vigamox, Zymar*	PREVACID	Iansoprazole
BRAVELLE	Gonal-F/RFF	PREVPAC	Pylera
BROVANA	Perfomist	PROVENTIL HFA	ProAir HFA, Ventolin HFA
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular	PROZAC WEEKLY	fluoxetine dr
CEDAX	amox tr/potassium clavulanate, cefdinir, Augmentin XR	QUIXIN	ciprofloxacin, Vigamox, Zymar*
CENESTIN	estradiol, Menest, Premarin	RAPAFLO	doxazosin, tamsulosin, Uroxatral
CETRAXAL	Ciprodex	RELPAK	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CIMZIA	Enbrel, Humira	RETIN-A MICRO	tretinoin, Differin*
CIPRO HC	Ciprodex	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ, NasoneX, Veramyst
DETROL, LA	oxybutynin/er, Enablex, Vesicare	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
DEXILANT	Iansoprazole, omeprazole, Nexium	SAIZEN	Genotropin, Humatrop, Nutropin/AQ
DIVIGEL	Generic patches, Evamist	SANCTURA, XR	oxybutynin/er, Enablex, Vesicare
DUREZOL	Generic steroids, Lotemax	SIMPONI	Enbrel, Humira
EDEX	Caverject, Muse	SOF-TACT	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
EDLUAR	zolpidem tartrate, Ambien CR*	SPECTRAEF	amox tr/potassium clavulanate, cefdinir, Augmentin XR
ELESTAT	azelastine, Pataday, Patanol	STARLIX	nateglinide
ELESTRIN	Generic patches, Evamist	SUMATRIPTAN Nasal	Zomig Nasal
EMADINE	azelastine, Pataday, Patanol	SUPARTZ	Euflexxa
ENUVIA	estradiol, Menest, Premarin	SYNTHROID	levothyroxine sodium, levoxyl
EPOGEN	Aranesp, Procrit	SYNTHV, ONE	Euflexxa
ESTRASORB	Generic patches, Evamist	TESTIM	Androderm, Androgel
ESTROGEL	Generic patches, Evamist	TEVETEN	Benicar HCT, Diovan HCT
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin	TEVETEN HCT	Genotropin, Humatrop, Nutropin/AQ
FemHRT	Prempro/Premphase	TEV-TROPIN	oxybutynin/er, Enablex, Vesicare
FEMTRACE	estradiol, Menest, Premarin	TOVIAZ	Lumigan, Xalatan
FENOGLIDE	fenofibrate, Trilipix	TRAVATAN, Z	fenofibrate, Trilipix
FERTINEX	Gonal-F/RFF	TRICOR	fenofibrate, Trilipix
FML FORTE	Generic steroids, Lotemax	TRIGLIDE	simvastatin, Crestor, Lipitor
FOCALIN, XR	dexamethylphenidate, dextroamphetamine-amphetamine, Concerta*, Vyvanse	VTORIN	diclofenac sodium, ketorolac, Nevanac
FOLLISTIM AQ	Gonal-F/RFF	XIBROM	ProAir HFA, Ventolin HFA
		XOPENEX HFA	Iansoprazole, omeprazole, Nexium
		ZEGERID	

KEY

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE.

You can get more information and updates to this document at our web site at www.express-scripts.com.